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## MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

## ORIGINAL OR AMENDED

1. Committee ID #:	ORM FOR BALLOT QUESTION COMMITTEES
137553	Name and Address of Depositories or Intended Depositories of committee funds.
2. Type of Filing:	a. Official Depository
X Amendment to Items: #6,7,8 Eff. Date: 1 /13 /0	Comerica 28801 Groesbeck Roseville, MI 48066  b. Secondary Depository
3. Date Committee was Formed: 11 , 09 , 04	b. Secondary Depository
4. FullName of Committee: Excellence in Education Committee	
5. Acronym or Abbreviation (if any);	12. Complete if Committee is being registered to support or opposes
6. Complete Committee Mailing Address (May be PO Box):	Support or : Oppose
30695 Tennessee Roseville, MI 48066	If not a statewide proposal, list the county, city, township, village or school district involved. If multi-county, list the county where the greatest number of voters eligible to vote on the proposal reside:
	☐ Statewide
7.Complete Committee. Street Address (May not be PO Box):	OCounty IMulti: County:
SAME	RLocal: School District - City of Roseville
	13. ELECTRONIC FILING: This item applies to committees that file with the
Committee Phone #: ( 586) 296 - 7374	with the County Clerk's office.
Committee Fax #: ( ) Committee E-mail Address:	The Campaign Finance Act requires any committee that files with the Secretary of State and spends or receives \$20,000 in the preceding calendar year OR expects to spend or receive \$20,000 in the current calendar year to file campaign statements electronically. MERTS Plus software is provided to you free of charge to assist you in meeting this requirement.
8. Treasurer Name and Complete Address:	Committee spent or received as a survival
Lori Cook 30695 Tennessee	\$20,000 and is required to file electronically.
Roseville, MI 48066	"OR"
Phone #: (586) <u>296</u> - 7374	Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarity.
E-mail Address:	14. Verification: If We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of mylour knowledge or halfest them.
9. Designated Record Keeper Name and Complete Address:	and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that the committee. I/We certify that all reasonable diligence with be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date below)
Phone #: ( )	Current Treasurer:
E-mail Address:	$\times$ [WINL] $\rightarrow$ $01/13$ $06$
10. 00000000000000000000000000000000000	Designated Record Keeper (Required only if filing electronically):
10. REPORTING WAIVER REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in an election and checks this box; the filling requirement of pre, post and annual campaign statements is waived. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold.	у очения до на